

214000016
11186

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 067	Agency Case No. B3-115278	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 12/14/2013		TIME OF ACCIDENT 2325	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2329	01/02/2014	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. B St		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	14		IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN			
V2/M	01		MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN			
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
F	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	H13200668		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	1		DRIVER MEGHAN L HENDERSON	PHONE 402-617-8368	LOCAL NO.	
V2/N	1		DRIVER ADDRESS 521 N 25th St Apt 17, LINCOLN, NE 68503	DATE OF BIRTH (MM / DD / YYYY)	07/13/1990	
G	2		OWNER ALICIA B HENDERSON	PHONE 402-202-4742	LOCAL NO. 1/5/1959	
H	5		OWNER ADDRESS 2000 W FOOTHILLS RD, LINCOLN, NE 68523	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/O	1		LICENSE PLATE PA NO. TAS977	YEAR (Plate Expires) 2013	STATE (Of Plate) NE	
V2/O	2		VEHICLE 1998 GMC KSU	BODY STYLE Medium/large u	COLOR tan	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 100
I	7		VEHICLE ID NO. (V1/N) 3GKFK16R1WG508695	INSURANCE COMPANY State Farm Insurance		
V1/P	1		TOWED TO	TOWED BY	POLICY NO. 199 9281-D28-27F	
V2/P	8		VEHICLE NO. 2			
J	01		DRIVER LICENSE NO.	STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	
V1/Q	4		DRIVER Legally Parked Unoccupied	PHONE	LOCAL NO.	
V2/Q	3		DRIVER ADDRESS	DATE OF BIRTH (MM / DD / YYYY)		
K	01		OWNER JEFF L NEHLS	PHONE 402-601-2254	LOCAL NO. 1/4/1977	
V1/R	4		OWNER ADDRESS 1259 S. 21st St Apt 2, Lincoln, NE 68502	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V2/R	3		LICENSE PLATE PA NO. TEJ949	YEAR (Plate Expires) 2014	STATE (Of Plate) NE	
V1/S	4		VEHICLE 1991 Chevrolet CAR	BODY STYLE 2 door Sedan	COLOR blue	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500
V2/S	3		VEHICLE ID NO. (V1/N) 1G1FP23E7ML113532	INSURANCE COMPANY Columbia Mutual Insurance		
V1/T	4		TOWED TO	TOWED BY	POLICY NO. AUNE00000180962	
V2/T	3					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
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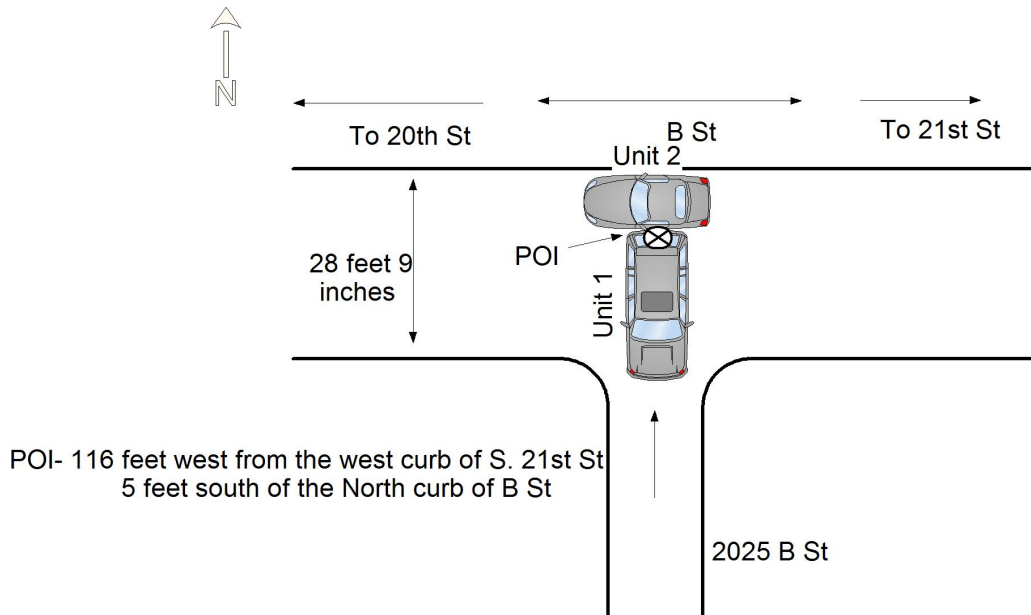
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B3-115278



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver 1 stated she was backing out of the driveway and did not see vehicle 2 parked on the north side of B St. Driver 1 did not state there were any distractions that caused her to not see vehicle 2 parked on the street. Vehicle 1 struck the drivers side door of vehicle 2 denting the door and breaking the driver's side window of vehicle 2. Driver 1 stated once she hit vehicle 2 she pulled vehicle 1 back into the driveway she was backing out of and notified the police.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME David Kamran 521 N. 25th St Apt 17, Lincoln, NE 68503				PHONE 425-329-5107
	NAME Becky Henderson 2025 B St, Lincoln, NE 68502				PHONE 402-617-8368

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS																																									
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2																																														
1	X				B St				<table border="1" style="width:100%;"> <tr><td></td><td>4</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>4</td><td>5</td><td></td></tr> </table>			4								4	5		<table border="1" style="width:100%;"> <tr><td></td><td>2</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>2</td><td>2</td><td></td></tr> </table>			2								2	2		<table border="1" style="width:100%;"> <tr><td colspan="2">Driver No. 1</td><td colspan="2">Driver No. 2</td><td>Pedestrian</td></tr> <tr><td>Y</td><td></td><td>Y</td><td></td><td>Y</td></tr> <tr><td>N</td><td>X</td><td>N</td><td>X</td><td>N</td></tr> </table>		Driver No. 1		Driver No. 2		Pedestrian	Y		Y		Y	N	X	N	X	N
	4																																																				
	4	5																																																			
	2																																																				
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Driver No. 1		Driver No. 2		Pedestrian																																																	
Y		Y		Y																																																	
N	X	N	X	N																																																	
2					B St																																																
1	02	06 Turning left			POINT OF IMPACT	05	POINT OF IMPACT	07	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		BAC LEVEL ALCOHOL/ DRUGS SUSPECTED 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown																																								
2	10	08 Entering traffic lane			MOST DAMAGED AREA	05	MOST DAMAGED AREA	07	<table border="1" style="width:100%;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>														<table border="1" style="width:100%;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>														<table border="1" style="width:100%;"> <tr><td colspan="2">Driver No. 1</td><td colspan="2">Driver No. 2</td></tr> <tr><td>1</td><td></td><td>1</td><td></td></tr> </table>		Driver No. 1		Driver No. 2		1		1								
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1		1																																																			
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other																																																	

OFFICER NO. 1607	TROOP/ TEAM/ BEAT 4	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Russell Schoenbeck		INVESTIGATOR SIGNATURE Approved by Sgt. Sam Santacroce	DATE OF REPORT 01/02/2014